CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be amount of

Company: USS Corporation
Address: P.O. Box 417 Required Client Information: X. Purchase Order #:
Project Name: NPDES-LINE 3 Wkly Report To: Tom Moe Project #: Required Project Information: Copy To: Address:
Pace Quote:
Pace Project Manager: Pace Profile #: Company Name: Attention: PM: HRZ CLIENT: USS CORP or-zarvare/pacellabs.com, Due Date: 02/24/16

Mt. Iron, MN 55768

Requested Due Date:

valid codes to left) Section C Invoice Information: WO#:1260908 WAR 오

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													WS-003 Thickner Overflow	WS-002 Scrubber Make-Up	One Character per box. We wo wo (A-Z, 0-9/, -) Air AR OT Sample ids must be unique Tissue TS	SAMPLE ID SOM SOM CHARGE WATE WASTE WATE WATE WATE WATE WATE ON CAMP CA	MATERIX CODE
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TEMP in C Received on ce (Y/N) Custody Sealed Cooler (Y/N) Samples intact (Y/N)			2,9 7			3.90							£,£	LF,LF	Residual Chlori	ne (Y/N)	

Pace Analytical*

hold, incorrect preservative, out of temp, incorrect containers)

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015

Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt Client Name:	•		Project	#: (WO#: 1260908
Courier: Fed Ex UPS Commercial Pace Tracking Number:	USPS Other:	,	Client		1260908
Custody Seal on Cooler/Box Present? Yes	No	Seals 1	ntact? [∏Yes [͡͡ˈZ	No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bag	s 🗹 N	one [Other:	ľ	Temp Blank? Yes No
Thermometer Used:	7	lce: 🛭]Blue [None Samples on ice, cooling process has begu
Cooler Temp Read °C: 2, 6 Cooler Temp Co	orrected °	C:	2.9		Biological Tissue Frozen? Yes No
Chain of Custody Present?	Z Yes	□No	□N/A	1,	
Chain of Custody Filled Out?	ZVes	□No	□N/A	2.	
Chain of Custody Relinguished?	ZYes	[]No	□n/a	3.	
Sampler Name and Signature on COC?	Z Yes	∏No	□N/A	4.	
Samples Arrived within Hold Time?	Yes	□No	□n/a	5.	
Short Hold Time-Analysis (<72 hr)?	Yes	ZNo-		-6	
Rush Turn Around Time Requested?	☐Yes	[Z]No	□N/A	7.	
Sufficient Volume?	Z]Yes	□No	□N/A	8.	
Correct Containers Used?	ZYes	∏No	□n/a	9.	
-Pace Containers Used?	Z Yes	□No	□N/A		
Containers Intact?	✓ Yes	∐No	□N/A	10.	
Filtered Volume Received for Dissolved Tests?	Yes	□No	ØÎN/A ·	11. Note	if sediment is visible in the dissolved containers.
Sample Labels Match COC? -Includes Date/Time/ID/Analysis Matrix:	Z Yes	□No	□N/A	12.	
All containers needing acid/base preservation will be checked and documented in the pH logbook.	∐Yes	□No	DA)/A	1	log for results and additional preservation entation
Headspace in Methyl Mercury Container	Yes	□No	ØN/A	13.	
Headspace in VOA Vials (>6mm)?	∐Yes	□No	_ØN/A	14.	
Trip Blank Present?	□Yes	□No	ØN/A	15.	
Trip Blank Custody Seals Present?	☐Yes	□No	Z N/A		
Pace Trip Blank Lot # (if purchased):					
CLIENT NOTIFICATION/RESOLUTION					Field Data Required? Yes No
Person Contacted:				Date/Time:	
Comments/Resolution:					
FECAL WAIVER ON FILE Y N Project Manager Review:	2D	TEM	PERATU		er on file y N